

**STUDENT AND PARENT DATA
2011-2012 SCHOOL YEAR
RETURNING STUDENTS**

Parents: Please complete carefully (print or type) and return it with the **Enrollment Contract**. The data you provide will be used to establish proper mailing addresses, etc., for the coming year. If any of this information should change during the course of the year, please notify us at (908) 362-6121; use our FAX: (908) 362-2034; or email the Registrar at Ferres@Blair.edu.

I. STUDENT'S NAME: _____ Gender: _____

Nickname: _____ Grade in 2011-2012: _____ Boarding/Day: _____

SS#: _____ Date of Birth: _____ Birthplace: _____

Country of birth: _____ Citizen of: _____

Official Mailing Address: (where grades, comments, etc. will be sent):

Home Phone #: _____

Preferred Parent Email for Blair mailings: 1. _____

Additional Parent Email (optional): 2. _____

Student's Cell Phone#: _____

NAME OF PARENTS OR GUARDIANS WITH WHOM THE STUDENT RESIDES AT ABOVE ADDRESS:

_____ Relationship to Student: _____

Name(s) of any other children currently attending Blair: _____

Other family members who have attended Blair; please indicate class and relationship to student: _____

II. FATHER/MALE GUARDIAN: _____

Colleges/Univs. attended: _____ Degree received/year: _____

Position/Occupation: _____

Business Name/Address: _____

Business Phone #: _____ Business Email: _____

Father's Cell Phone #: _____

III. MOTHER/FEMALE GUARDIAN: _____ Maiden Name: _____

Colleges/Univs.attended: _____ Degree received/year: _____

Position/Occupation: _____

Business Name/Address: _____

Business Phone #: _____ Business Email: _____

Mother's Cell Phone #: _____

**IV. PERSON TO RECEIVE DUPLICATES OF GENERAL MAILINGS GRADES, COMMENTS AND LETTERS.
(FOR USE IN CASES OF SEPARATED/DIVORCED PARENTS, EDUCATIONAL CONSULTANTS, ETC.)**

Name: _____ Relationship: _____

Address: _____

Phone #: _____ Email: _____

Is the address / phone information provided above for home or business? (circle one)

Please indicate if you would like the person listed above to also receive tuition statements: Yes No

V. BILLING/BUSINESS DATA:

Send invoice to the student's **Official Mailing Address** (in Section I)? Yes No

If not where should the bill be sent?

Name: _____

Address: _____

Phone #: _____ Relationship to Student: _____

Would you like to have your invoice emailed or faxed? Yes No

Billing Email/Fax#: _____

**** Seasonal Address if different from home address on front (please include relevant dates and phone number):**

INTERNATIONAL STUDENTS ONLY

*Families living outside of the continental United States **MUST** identify an adult in the United States to serve as an **Emergency Contact** and to assume responsibility for the student when school is not in session:*

Name: _____ Relationship: _____

Address: _____

Phone #: _____ Email: _____

Do you want the designated individual listed above to receive grades, comments and correspondence? Yes No

SIGNATURE OF PARENT OR GUARDIAN COMPLETING THIS FORM:

_____ **Date:** _____